

**INSTITUTIONAL REVIEW BOARD (IRB)
REQUEST FOR DEFERRAL OF NEW PROTOCOL
TO ANOTHER INSTITUTIONAL IRB**

Date Rec'd in HSO: _____

Instructions: Use this form when submitting a request for deferral of a new protocol to another institution's IRB. Please submit this form electronically along with the protocol and any supporting documents to your CIO human subjects contact. However, if submitting hard copies, please send the original request form with one copy of all documents to the CIO designated staff official. Consecutively number **ALL** pages, beginning with the title page of the protocol, followed by any consent form(s) and ancillary documents. Complete all applicable items or the form will be returned.

OMB Reminder: Please note that you are responsible for obtaining OMB clearance on Federally sponsored information collections. An IRB approval of or an exemption from IRB review is unrelated to requirements for OMB clearance under the Paperwork Reduction Act. For more information on whether there are legal requirements for your study to go through the OMB clearance process, please contact your CIO's OMB coordinator or OPPE clearance staff.

Date Submitted by Investigator: _____

PROTOCOL NO: _____
(For Human Subjects Office Use)

Title of Protocol: _____

Proposed Dates for Project to Begin: _____ End: _____

Name of Primary CDC Contact (PC) and Degrees: _____

Scientific Ethics Verification No.: _____ Telephone: _____ Fax: _____
CIO: _____ Division: _____ MS: _____ User ID (UID): _____

List all CDC Co-investigators below (list CDC Principal Investigator (PI) in #1 if different from the PC indicated above). If PI is indicated here, insert PI before name (use supplemental page if number of investigators is > than 2):

1. _____ Scientific Ethics Verification No.: _____
2. _____ Scientific Ethics Verification No.: _____
3. _____ Scientific Ethics Verification No.: _____

Name, degrees, and affiliation of Primary Contact (PC)/Principal Investigator (PI) with outside institution:

Telephone: _____ Fax: _____ Email Address: _____

Name of outside institution:

Institution protocol Identification No.: _____ (Provide title if different from CDC title):

Name and degrees of the IRB manager at institution with IRB to contact regarding this request:

Telephone: _____ Fax: _____ Email Address: _____

Complete Mailing Address for institution: _____

FUNDING MECHANISM: Insert appropriate code from list below. If funded, include Procurement & Grants Office funding No. Grant = G Cooperative Agreemt = CA Contract = C Purchase Order = PO Interagency Agreemt = IAA Memorandum of Understanding = MOU CDC only = CDC Collaborative = COL	LOCATION OF RESEARCH (Use additional sheets if necessary): <input type="checkbox"/> U.S. or its territories and/or <input type="checkbox"/> Foreign countries		
	List All Collaborating Institutions by Full Name, City, State, and/or Country	OHRP Assurance No:	IRB/IEC Approval attached/pending
1.			
2.			
3.			

STUDY POPULATION (If an international study, provide race/ethnicity of subjects by estimated percentages):	
Estimated Number of Subjects:_____	Race/Ethnicity Distribution for Domestic Studies: _____ % American Indian or Alaskan Native _____ % Asian or Pacific Islander: _____ % Black or African American; not of Hispanic Origin _____ % Hispanic _____ % White, not of Hispanic Origin
<input type="checkbox"/> Study includes members of Vulnerable Populations (Check all that apply):	
<input type="checkbox"/> Pregnant women and/or fetuses as SPECIFIC targets group (Ref: 45CFR46, Subpart B)	
<input type="checkbox"/> Children 17 years of age or under(Ref: 45CFR46, Subpart D)	
<input type="checkbox"/> Requesting waiver of parental permission	
<input type="checkbox"/> Mentally disabled	
<input type="checkbox"/> Economically or educationally disadvantaged	
<input type="checkbox"/> Prisoners (Ref: 45CFR46, Subpart C)	

Is there an Assurance of Confidentiality to cover this project by the institution with the IRB?	YES	NO	Applied For	N/A	' 308(d) PHS Act
Does the local site(s) have a Certificate of Confidentiality to cover this project?	YES	NO	Applied For	N/A	' 301(d) PHS Act

Approvals (Signature and Position Title):	Date:	Remarks:
Branch Chief:		
Division Director:		
CIO Human Subjects Contact:		